



NON-PROFIT ORGANIZATION STATEMENT OF REGISTRATION

FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT IN BLACK INK

Full name and complete mailing address of Non-Profit Organization:

THIS FORM MAY BE
TRANSMITTED BY FAX:
217-782-5959
THE ORIGINAL MUST
BE FORWARDED ON
THE DAY OF FAX
TRANSMITTAL.

E-MAIL ADDRESS:

ORGANIZATION
IDENTIFICATION NO.

☐ CHECK HERE IF ADDRESS CHANGE

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

1. DATE ORGANIZATION EXCEEDED \$5000 THRESHOLD: _____

2. ☐ NEW ORGANIZATION ☐ AMENDMENT
(MUST BE FILED WITHIN 10 DAYS OF **ANY** CHANGES.)

3. PURPOSE(S) OF THE ORGANIZATION:

4. REQUIRED ORGANIZATION OFFICERS. (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS
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CHAIRMAN		
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TREASURER		
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5. POSITION, NAME & MAILING ADDRESS OF EACH CUSTODIAN OF THE ORGANIZATION'S BOOKS AND ACCOUNTS.
(IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

POSITION	NAME	MAILING ADDRESS, DAYTIME PHONE NUMBER , AND E-MAIL ADDRESS
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VERIFICATION

I DECLARE THAT THIS STATEMENT OF REGISTRATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF REGISTRATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS A BUSINESS OFFENSE SUBJECT TO A FINE OF AT LEAST \$1001 AND UP TO \$5000.

PRINTED AND WRITTEN SIGNATURE OF CHAIRMAN OR TREASURER

DATE

THE STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A NON-PROFIT ORGANIZATION AS OUTLINED UNDER PUBLIC ACT 90-737 AS AMENDED BY PUBLIC ACT 94-645. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

NON-PROFIT ORGANIZATIONS SHALL RETURN THIS FORM TO:
STATE BOARD OF ELECTIONS
1020 S SPRING ST
SPRINGFIELD, IL 62704-2924

INSTRUCTIONS FOR COMPLETION OF A NON-PROFIT ORGANIZATION'S STATEMENT OF REGISTRATION.

These instructions are a step by step guide for completion of a Non-Profit Organization's Statement of Registration form that is required to be filed by each non-profit organization. If further clarification is needed, please contact the State Board of Elections either in Springfield (217/782-4141) or Chicago (312/814-6440) or see the "A Guide to Campaign Disclosure" pamphlet for guidance.

1. Enter the full name and mailing address of the organization in the area provided near the upper left hand corner of the document.
2. Enter the organization's E-mail address.
3. Place a checkmark in the designated box if the address listed represents a change.
4. If known, please enter the committee identification number in the box marked 'ORGANIZATION IDENTIFICATION NUMBER'. Please DO NOT enter your organization's Tax ID number or filer identification number.
5. In block 1 the date is to be the date the organization received or expended \$5000.
6. In block 2 the box for 'NEW ORGANIZATION' should be checked if this is the first time the organization has filed a Statement of Registration with the Illinois State Board of Elections. If this form is to revise any information from a previous Statement of Registration, check the 'Amendment' box. If any information on this form becomes obsolete (i.e. banking institution name change, change of organization's officer, mailing and E-mail address changes, etc.) a new Statement of Registration must be submitted within 10 calendar days.
7. In block 3 list the intent of the organization.
8. In block 4 list the names, mailing addresses, E-mail addresses, and **daytime phone numbers** of the organization's chairman and treasurer.
9. In block 5 list the name, mailing address, E-mail address, and **daytime phone number** of the organization's custodian of accounts and records.
10. **Sign and date the form.** Forms received unsigned will be returned for signature.